

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 — 0 1 8

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 1999

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment).

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.297;  
42 CFR 447.253; OBRA '90; P.L. 101-508;  
P.L. 102-234; OBRA '93; P.L. 103-66

7. FEDERAL BUDGET IMPACT:

a. FFY 1999-2000 \$ 4,671.60

b. FFY 2000-2001 \$ 4,826.12

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.19-A, Item 1, Page 10g

REPLACE PER STATE'S  
LETTER DATED 04-25-019. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same (TN 99-10 pending)

Same (TN 99-13 pending)

REPLACE PER STATE'S  
LETTER DATED 04-25-0110. SUBJECT OF AMENDMENT: The purpose of this amendment is to revise the disproportionate share  
qualification criteria for small rural hospitals.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does not  
review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David W. Hood

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

December 16, 1999

16. RETURN TO:

State of Louisiana  
Department of Health and Hospitals  
1201 Capitol Access Road  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

DECEMBER 23 1999

18. DATE APPROVED:

JUNE 5 2001

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCTOBER 1 1999

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

21. TYPED NAME:

for CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

**b. Small Rural Hospitals**

- 1) A Small Rural Hospital is defined as a hospital (other than a long-term care hospital, rehabilitation hospital, or free-standing psychiatric hospital but including distinct part psychiatric units) meeting the following criteria:

A qualifying hospital a) has no more than sixty beds as of July 1, 1994; and: 1) is located in a parish with a population of less than fifty thousand; or 2) is located in a municipality with a population of less than twenty thousand.

OR

- b) meets the qualifications of a sole community hospital under 42 CFR §412.92(a).

OR

- c) effective October 1, 1999, has no more than sixty hospital beds as of July 1, 1999, and is located in a parish with a population of less than 17,000 as measured by the 1990 census;

OR

- d) effective October 1, 1999, has no more than sixty hospital beds as of July 1, 1997, and is publicly owned and operated hospital; and: 1) is located in a parish with a population of less than fifty thousand; or 2) is located in a municipality with a population of less than twenty thousand.

- 2) Payment is based on uncompensated cost for qualifying small rural hospitals in the following two pools:

- a) Public (non-state) Small Rural Hospitals are small rural hospitals as defined above which are owned by a local government;
- b) Private Small Rural Hospitals are small rural hospitals as defined above that are privately owned.

STATE	<u>Louisiana</u>
DATE RECD	<u>12-23-99</u>
DATE APPLIC	<u>6-6-01</u>
DATE EFF	<u>10-1-99</u>
HCFA 179	<u>TN 99-18</u>

A

TN# \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Supersedes

TN# \_\_\_\_\_

99-10